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Deaths from plague, 1904-5.

	November.	December.	January.
Bombay City	285	411	1,076
Karachi City	44	169	233
Poona City	1,338	1,448	744
Aden	25	146	422

Below are given the figures for Bombay City, Bombay Presidency, and all India, week by week since January 1, 1905.

Deaths from plague—weekly record since January, 1905.

Week of—	Bombay City.	Bombay Presidency.	All India.
January 7	115	3,310	24,385
January 14	192	3,137	25,719
January 21	261	3,256	28,104
January 28	386	3,669	33,087
February 4	395	3,596	36,117
February 11	511	3,316	33,660
February 18	618	3,190	27,837
February 25	735	3,193	29,465

It will thus be seen at a glance that the curve for Bombay City is totally different from that of the Presidency as a whole or of all India.

In the other towns of the Presidency plague is somewhat on the decline during February and March, while in the city itself, there will be a steady rise through April, judging from past experiences.

Report from Calcutta—Inspection of vessel—Cholera and plague mortality—Relation between epizootic and epidemic plague.

Acting Assistant Surgeon Eakins reports, March 9, as follows:

During the week ended March 4, 1905, bill of health was issued to the steamship *Reichenfels* bound to Boston and New York with a total crew of 55. The usual precautions were taken, holds fumigated, rat guards placed on wharf lines, and Lascars effects were disinfected.

During the week ended March 4, 1905, there were 39 deaths from cholera and 213 deaths from plague in Calcutta.

In Bengal during the week ended February 25, 1905, there were 5,661 cases and 5,044 deaths from plague.

Relation between epizootic and epidemic plague.

In India during the week ended February 25, 1905, there were 34,154 cases and 29,465 deaths from plague.

The results of Doctor Hunter's recent researches into the relationship between epizootic and epidemic plague in Hongkong tend strongly to confirm Captain Liston's theory, a résumé of which I had the honor of forwarding December 16, 1904 (see Public Health Reports, January 13, 1905, page 55), that plague is essentially a rat disease; nor do they materially conflict with his further idea that the rat flea is largely responsible for the communication of the disease between rat and man. Doctor Hunter appears to believe, upon what seems to be inadequate evidence, that the alimentary canal is the point of infection, while

Doctor Klein, also of the Hongkong government board, leans strongly toward the skin. This idea is obviously a substantiation of a part of Captain Liston's flea theory. Doctor Hunter's charts show definitely that the curve of human follows that of rat plague with great regularity, both in its rise and fall, with an interval of about a fortnight. There is a difference, however, in that the rat plague seems to be continuously epizootic, as after each epidemic has fallen to its lowest it again rises to a fairly constant level, where it continues until the next epidemic period. This is followed promptly by the human epidemic, which in the interval, since the last, has been essentially quiescent.

Doctor Hunter's point is that human plague is recurrently epidemic, the recurrences synchronizing closely with the exacerbations of the rat epizootic. It may even be that plague, when it ceases to be epizootic, continues as enzootic among rats and other muridæ. Doctor Hunter even goes so far as apparently to believe that upon the repeated passage of the bacillus through the rat it becomes more or less nonvirulent and causes a chronic type of plague in the rat, which idea seems hardly tenable. He, at the same time, considers the periodical recrudescence of acute rat plague to be caused by an infection of fresh generations of rats which are very susceptible. This view is entirely in accord with Captain Liston's experience that plague is most prevalent in rats during their breeding season.

Whatever disagreement there may be between theories of how plague is communicated from rat to man, the fact is almost universally admitted. Such being the case, it is obviously advisable, or, better, absolutely imperative that there should be a systematic and wholesale rat destruction in infected or threatened area. It seems to be almost a perverted judgment to permit the "scruples" or "prejudices" of any community to stand in the way of taking the life of a rat, considering the magnitude of the stake. So far as India is concerned, perhaps the most forcible argument against rat destruction is that even were all the rats destroyed plague would continue to exist because of the filthy sanitary, or absolute lack of sanitary, habits of living. However, that remains to be proved.

JAPAN.

Report from Yokohama—Emigrants recommended for rejection.

Passed Assistant Surgeon Moore reports, March 14, as follows:

Number of emigrants for steamship *Kanagawa Maru*, for Seattle, recommended, March 11, for rejection, 14.

One emigrant per steamship *Doric* for San Francisco, recommended March 14, for rejection.

Report from Kobe—Emigrants recommended for rejection.

Acting Assistant Surgeon Fowler reports, March 2, as follows:

Number of emigrants recommended during month of February, 1905, for rejection: Per steamships *Siberia*, for San Francisco, February 1, 2; *Iyo Maru*, for Seattle, February 7, 1; *Magnolia*, for Honolulu, February 14, 10; for San Francisco, 2; *Manchuria*, for Manila, February 21, 14; *Minnesota*, for Manila, February 24, 4; *China*, for Honolulu, February 25, 8.